Notarized Authorization for a Third-Party to Obtain a Death Certificate

l,		, hereby authorize	to obtain	n copy (ies)
of the follow	ving death certific	ate:		,,,,,
Decedent's	s Name:			
Date of De	ath:			
Place of De	eath:			
My Relatio	onship to Decede	ent:		
Signed		Phone Nun	nber	
 Date				
State of				
County of				
On the	day of	in the year	, before me, the unders	igned, personally
appeared _		proved to me	e on the basis of satisfactory ev	idence to be the
individual v	whose name is s	ubscribed to the within instrui	ment and acknowledge that he	/she executed
the same in	n his capacity, ar	nd that by his/her signature or	the instrument, the individua	, or the person
upon beha	lf of which the ir	ndividual acted, executed the i	nstrument.	
Notary Pub	olic			